

DATE OF REVIEW: 4/28/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Shoulder Manipulation under Anesthesia, 23700

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The TMF physician reviewer is a board certified Orthopedic Surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that a left shoulder manipulation under anesthesia, 23700, is not medically indicated to treat this injured worker's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker suffered left shoulder, hip and knee injuries on xx/xx/xx in a fall down a short flight of stairs. The current symptoms relate to left shoulder pain and diminished range of motion. Additionally, she suffers numbness and tingling in the ulnar aspects of the fingers of the left hand. She underwent left shoulder arthroscopic surgery, including manipulation under anesthesia, and has received physical therapy and local injection. An MRI scan of the shoulder reveals rotator cuff tendonosis without

a full tear. There are mild changes in the glenohumeral and acromioclavicular joints. There is a positive thoracic outlet test and a positive Tinel's sign at the cubital tunnel on the left. The current request is for preauthorization of manipulation under anesthesia of the left shoulder (including application of fixation device). This request was considered and denied; reconsidered and denied.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient likely suffers more than one pathology related to the left shoulder diminished range of motion, pain and ulnar neuropathy. There are physical findings and imaging studies suggesting rotator cuff impingement syndrome, and physical findings suggesting thoracic outlet syndrome and ulnar nerve compromise at the cubital tunnel. The patient underwent left shoulder surgery including manipulation under anesthesia. The current request is for a repeat manipulation under anesthesia. This procedure is considered "under study" in the ODG, 2014, shoulder chapter. The prior denials of the surgical preauthorization request were appropriate and should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

- ☐ TEXAS TACADA GUIDELINES

- ☐ TMF SCREENING CRITERIA MANUAL

- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)